

Instructions for Completing the Hospital Self Report Form
State of Georgia
Office of Regulatory Services
Health Care Section

Reportable Patient Incidents

This form is designed to be used to notify the Office of Regulatory Services (ORS) of reportable patient incidents and of the action taken by the facility to identify and address any opportunity to improve care related to the incident. A separate letter to notify ORS of such incidents is NOT required.

Directions for completing the Hospital Incident Reporting Form

Please type or print the information. Be as complete as you can: complete information may allow our staff to review the incident without contacting you for more information. Use a separate report for each incident: a patient who had surgery on the wrong part of his body and dies is one incident; three patients who had surgery on the wrong body part are three incidents.

What should be reported:

1. Any unanticipated patient death not related to the natural course of the patient's illness or underlying condition; or
2. Any surgery on the wrong patient or the wrong body part of the patient; or
3. Any rape of a patient which occurs in the hospital.

Facility Information:

Include the name, address, phone number, fax number, e-mail address, as well as the type of facility (psychiatric, critical access hospital, general, long-term acute care, children and adolescents, etc.). The license number is on your facility license/permit. The contact person(s) listed will be the person(s) ORS will contact should a follow-up phone call be needed.

Patient/Reporting Information:

Record the date and time the incident occurred, the date and time you became aware of the incident, and the date and time you are reporting the incident to ORS, circling am or pm. Enter the reason for the patient's hospital admission at the time of the incident. List the patient's medical diagnosis/diagnoses at the time of the admission (usually as described in the History and Physical). Check which type of incident/event you are reporting on the form.

Summary of Incident:

Provide a brief summary of the reportable incident: describe what happened, who was involved (i.e.: RN, MD, Aide, etc) and what action was taken at the time of the event. For example:

"The patient was asleep in her bed, when at approximately 3 a.m.; she was awakened by movement of her bed. A masked man wearing a lab coat was lying on her bed. The man covered the patient's mouth with his hand and proceeded to rape her. The patient bit the man's hand and screamed. The man fled. Nursing staff responded and was informed by the patient of what happened. Security, the house supervisor, and the city police were immediately notified. The patient was taken by

wheelchair to the emergency department and examined by the Physician on duty. A rape kit was also performed. The police and security interviewed the patient in the ER and the patient was also seen by the local rape counseling service.”

Immediate Corrective or Preventative Action Taken:

Provide a brief narrative of your evaluation of the actions taken in regard to the incident. For example:

“Internal investigation revealed no male patient care/ancillary staff on duty during night shift of incident and all security personnel accounted for at all times. Discussed incident with house supervisor, security, and police. Need for additional night staff and multiple entrance points into facility at night identified as possible problem areas. Administration to discuss with Board restricting access to facility at night to one entrance. Will also request Board approve security guard be stationed at entrance and all visitors be required to sign in after visiting hours.”

Include any action you will take as a result of this review, which could include but not be limited to: inservice & monitoring, revision of policy/procedure, development of policy/procedure, no action required, etc.

Sign and date the form and print your name and title. Return the form via fax to (404) 657-8934. Do not put any information in the box entitled “For Department Use Only”.

Thank you for your cooperation.